



**County of San Diego**  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**  
**FOOD AND HOUSING DIVISION**  
**APPLICATION FOR BODY ART HEALTH PERMIT**  
[www.sdcdeh.org](http://www.sdcdeh.org) Permit Desk (619) 338-2087

PLEASE NOTE SUBMITTAL OF THIS APPLICATION DOES NOT CONSTITUTE THE ISSUANCE OF A HEALTH PERMIT.  
A HEALTH PERMIT IS REQUIRED PRIOR TO OPERATION.

(For office use only)

PERMIT TYPE \_\_\_\_\_ PERMIT NUMBER \_\_\_\_\_ UNITS \_\_\_\_\_ CT. \_\_\_\_\_ ANNUAL FEE \_\_\_\_\_

1. NAME OF BODY ARTIST \_\_\_\_\_ PROFESSIONAL NAME/A.K.A. \_\_\_\_\_

2. SITE ADDRESS \_\_\_\_\_  
Street Number Street Name City Zip Code

3. SITE OWNER NAME/S (Print) \_\_\_\_\_ SITE PHONE (\_\_\_\_\_) \_\_\_\_\_

4. SITE NAME (SHOP NAME) \_\_\_\_\_ FAX NUMBER (\_\_\_\_\_) \_\_\_\_\_

5. MAILING ADDRESS / BILLING ADDRESS (If different from site address)

Street Number/ Street Name/ Apt Number **OR** P.O. Box Number City State Zip Code

6. ARTIST CONTACT PHONE: (\_\_\_\_\_) \_\_\_\_\_

7. BODY ARTIST REGISTRATION # \_\_\_\_\_ 8. DRIVER'S LICENSE # \_\_\_\_\_

9. BIRTHDATE: \_\_\_\_\_ 10. EMAIL \_\_\_\_\_

11. REASON FOR APPLICATION (Check one):

New  
☐

Change of Location  
☐

Other  
☐

12. INDICATE SERVICE(S) YOU WILL PROVIDE:

Tattooing  
☐

Body Piercing  
☐

Permanent Cosmetics  
☐

**Applicable fees, payable to the County of San Diego, must accompany this application.**

I declare under penalty of perjury that to the best of my knowledge and belief, the statements made herein are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this permit and the operation of this business.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAIL PERMIT APPLICATION AND FEE TO:**  
Department of Environmental Health  
Food and Housing Division  
PO BOX 129261  
San Diego, CA 92112-9261

**IN PERSON,**  
**SUBMIT PERMIT APPLICATION AND FEE TO:**  
Department of Environmental Health  
1255 Imperial Ave 3<sup>rd</sup> Floor  
San Diego, CA 92101